

# Data Points

Issue 70

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## Changes to Allowable Drug Type Codes

As reported earlier, allowable codes for the three Drug Type Code fields in the Client File (Fields 58, 62, and 66) have changed. A current listing is available at [www.rdmc.org/cmhc/reports/DSG\\_CMHC\\_C.rpt](http://www.rdmc.org/cmhc/reports/DSG_CMHC_C.rpt). The five codes which have been discontinued will trigger a Possible Error in the Client file until the end of the fiscal year. Effective July 2007, they will generate a General Error.

## Use of V71.09 for Diagnosis Fields

The Axis 1, Axis 2, and Axis 3 diagnosis groups in the Client file have edit checks that generate a General Error if a given diagnosis code is repeated within the group for a client. Code 799.9 has been excluded from the duplicate rule. Effective immediately, Code V71.09 is now also excluded. Errors will not be generated if either of these two codes are repeated within an axis group for a client record. All other diagnosis codes will continue to generate an error if used more than once with the same axis for a client record.

## Collection of Additional Substance Abuse Information

New federal requirements for the TEDS data submission will necessitate the collection of additional information beginning in July 2007. Centers will need to provide information on the "Number of Arrests in Past 30 Days" and on the "Reason for Discharge from a Substance Abuse Program". Many difficult issues still need to be resolved regarding the collection and submission of this new information. A subcommittee will be meeting in October to resolve these issues and will make recommendations to JCIC for its November meeting. Details are to be finalized and announced prior to January 2007.

## Submitting Test Data Files

It has come to our attention that some of the data liaisons for the centers were unaware that data files can be submitted to RDMC in a "test" mode. Submitting files as tests will allow staff to view a full report of errors and issues. Those issues can then be resolved before submitting the files officially for the production database. This can be useful in avoiding penalties to Incentive Bond calculations that production errors can cause.

To designate a data file as a test file, use standard file naming convention (page *vii* in current Data Submission Guide) and follow the standard name with "*\_Test*". For example, a December 2006 test client data submission for Region 17 would be named "*171206CS\_Test.dat*".

When a center is satisfied as to the quality of their data submission, they will need to resubmit the file with the standard (production) naming convention and the file will be processed under production.

## **DMHMRS Review of Use of V Codes**

The Department is reviewing the appropriate use of V-codes in the Axis fields (Axis I, II, and III). At this time, the codes below have been determined to be screening services provided to clients.

- V79.0 Screening - Depression
- V79.1 Screening - Alcoholism
- V79.2 Screening - Mental Retardation
- V79.3 Screening - Developmental handicaps in early childhood
- V79.8 Screening - Other specified mental disorders and developmental handicaps
- V79.9 Screening – Unspecified mental disorder and developmental handicap

Although the above services may lead to a diagnosis, technically, they are not diagnoses. For the purposes of data submissions, these six V-codes will not be accepted in Axis I, II, or III. The Department is reviewing other V-codes and will keep everyone apprised of decisions as the evaluation continues. Current lists of valid Axis diagnosis codes are available at [http://mhmr.ky.gov/cmhc/cmhc\\_data\\_guide.asp](http://mhmr.ky.gov/cmhc/cmhc_data_guide.asp) under the “Reports” drop down list.